

Name
in
Full

Mary Elsie Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Langford</u>		Town <u>Talbot</u> County		MARYLAND		
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>21</u>	Years <u>2</u>	Age <u>2</u>	Months <u>10</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Talbot Co. Md</u>				
Married, Single or Widowed <u>Singer</u>	Occupation <u>Mrs</u>					
Name of Wife or Husband <u>-</u>						
Father's Name <u>Bascom Chambers</u>	Father's Birthplace <u>Talbot Co. Md</u>					
Mother's Maiden Name <u>Mary Lizzie Correy</u>	Mother's Birthplace <u>Talbot Co. Md</u>					
Name of person giving information <u>Father</u>						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhnia fever</u>	How long	<u>2 weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of <u>Barbour Chamber</u>	<u>Address</u> <u>Langford</u> <u>Md</u>

Accident or suicide?



Name
in
Full

Solomon DeShields

CERTIFICATE OF DEATH

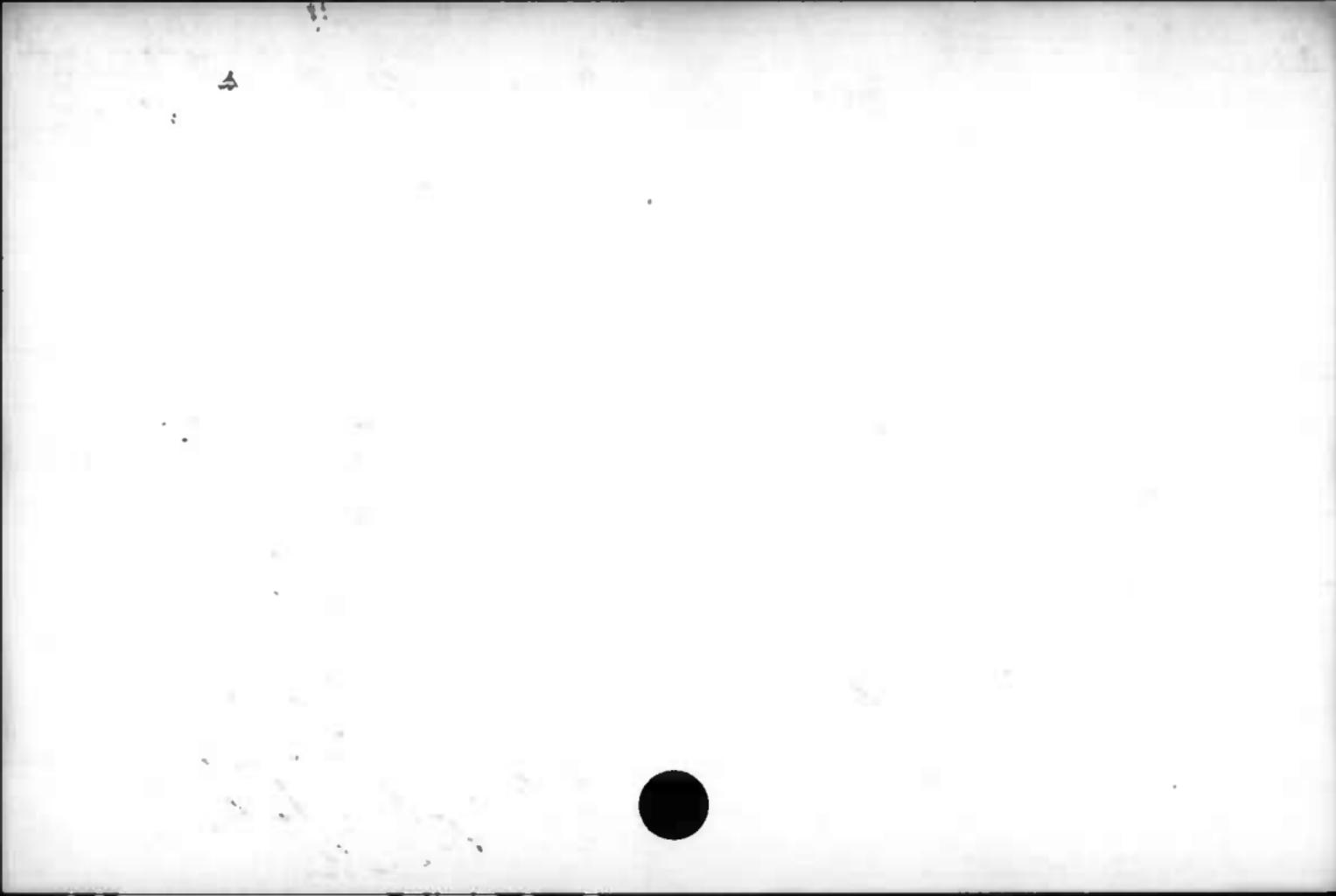
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Copperville	Zalot				
Date of death	Month	Day	Years	Months	Days	
1903	Mr	14	Age 72	-	-	
Sex	Color or Race	Age 72				
Male	Negro	Birth-place Zalot Co. Md				
Occupation	Where Residing if not at place of death					
Laborer		—				
Married, Single or Widowed	Name of Wife or Husband					
Married	Name of Wife or Husband					
Father's Name	66.					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Indeterminate
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Julius A. Johnson
		Address	Easton
Accident or Suicide?		Md	



Robt Enuals

Town
Easton

County

Galloway

MARYLAND

Died at

Date 1903	Month Nov.	Day 21	Age 69 -	Y. M. D.	Native of U.S.A.	Occupation Mail carrier
Male			Married	Widow	Divorced	
Female			Sing.	Widow		Number of children living 2

Husband of

Susan Enuals

Father's Name

Eden Enuals

Mother's Maiden Name

Margaret Enuals

Cause of Death

Mitral Regurgitation - Ascites

How long sick 2 mos

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Chas. J. Danison

Easton

Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ida May Faulkner

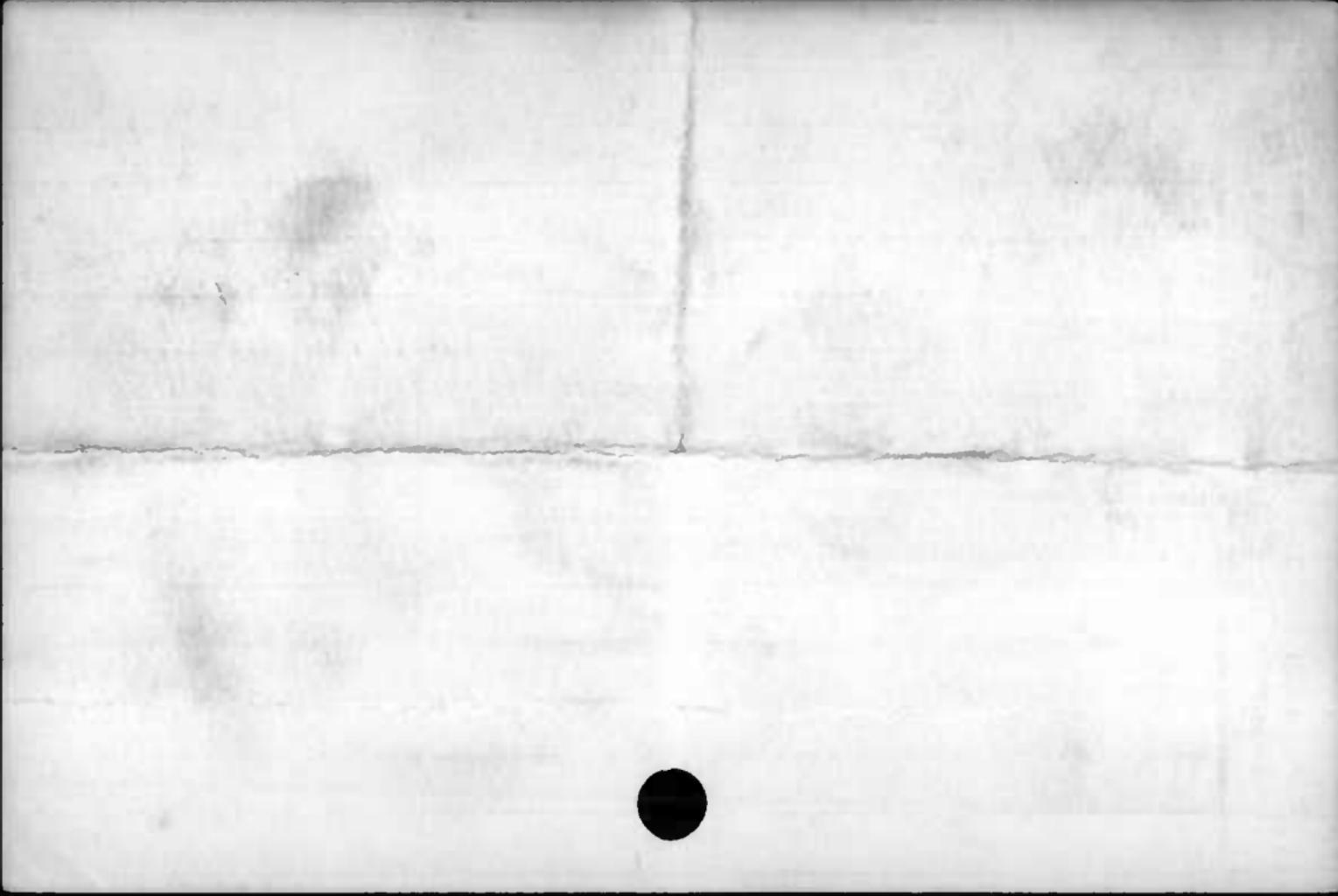
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died Mar	Town Frappe	County Salbo	MARYLAND		
Date of death 190 3	Month 11	Day 8	Age 10	Months 10	Days 23
Sex Female	Color or Race White	Occupation School-girl			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Robert J Faulkner	1/2		Father's Birthplace Salbo by land		
Mother's Maiden Name Martha Jane Coleman			Mother's Birthplace Salbo Co land		
Name of Person giving Information Robert J Faulkner	How related to deceased Father				

CAUSES OF DEATH

Primary Cirrhosis of Liver	How long 10 months
Immediate Progressive Emaciation & Oedema	How long 2 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Joseph A Ross M.D. Address Frappe, Salbo Co, Md.
Accident or Suicide?	



Name
in
Full

Annie Goldsborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Nov	Day 5	Years 17	Months 4	Days 3	
Sex Female	Color or Race Black	Occupation		Birth-place Easton		
Married, Single or Widowed	X					
Name of Wife or Husband						
Father's Name	John Wilson		8		Father's Birthplace	
Mother's Maiden Name	Silvera Goldsborough				Mother's Birthplace	
Name of person giving Information	Its Mother				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hooping Cough

How long

2 months

Immediate

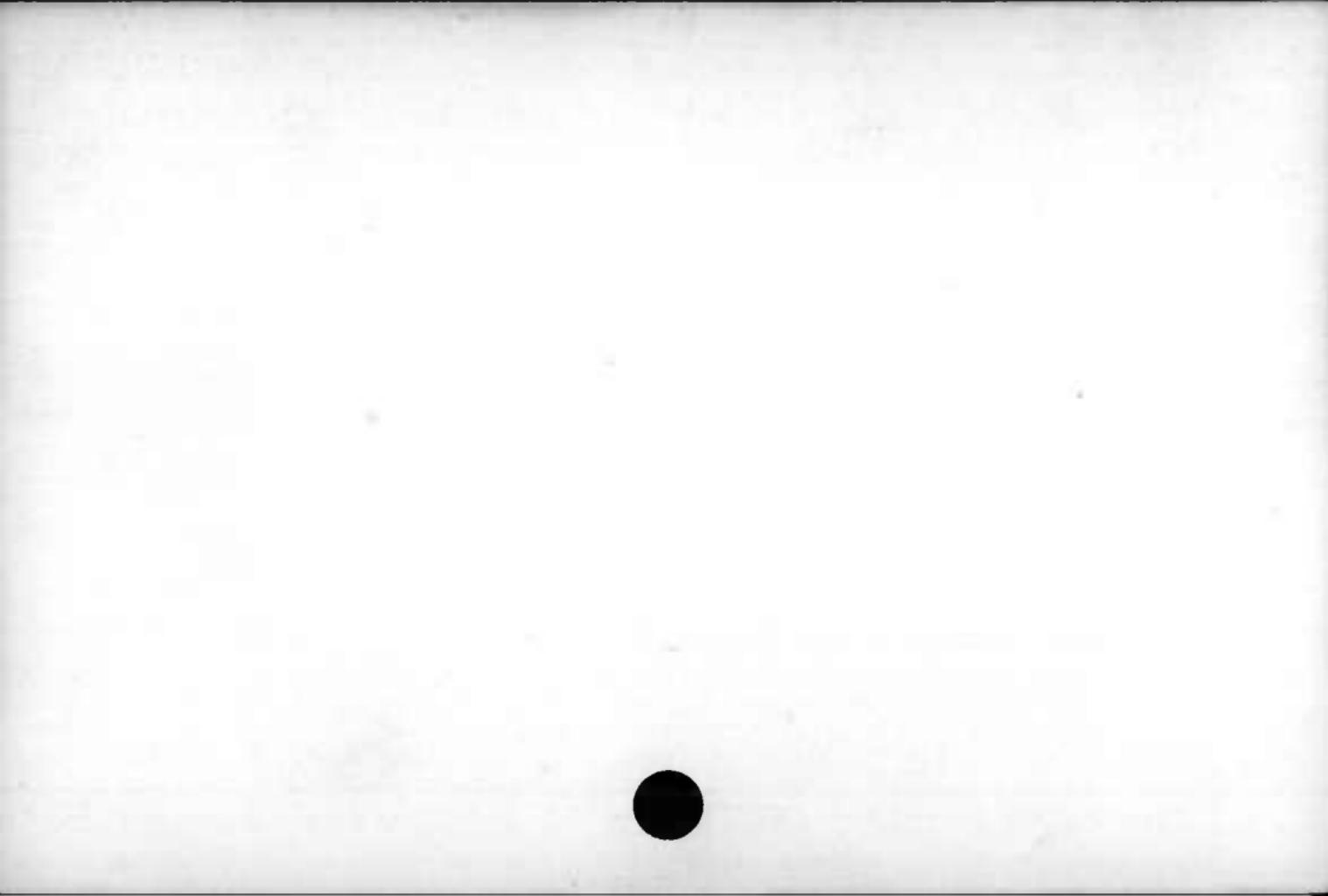
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Stella Holmes

Died at	Town <i>Easton</i>	County <i>talbot</i>	MARYLAND
Date 1903	Month <i>Nov.</i>	Day <i>14</i>	Y. M. D. <i>17-4-</i>
Native of <i>usa</i>		Occupation <i>waitress</i>	
Male	Female	Married	Widow
			Divorced
		Single	Widower
Husband of			
Wife			
Father's Name	<i>Chas. E. Holmes</i>	Mother's Maiden Name	<i>Emma Adams</i>
Cause of Death	Primary <i>Tuberculosis</i>	(Lungs)	How long sick <i>3 mos</i>
	Immediate <i>Exhaustion</i>		Accident, Suicide, Homicide
Reported by	<i>Chas. F. Adams</i>		
Address	<i>Easton Md.</i>		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sallie Ann Mitchell

CERTIFICATE OF DEATH

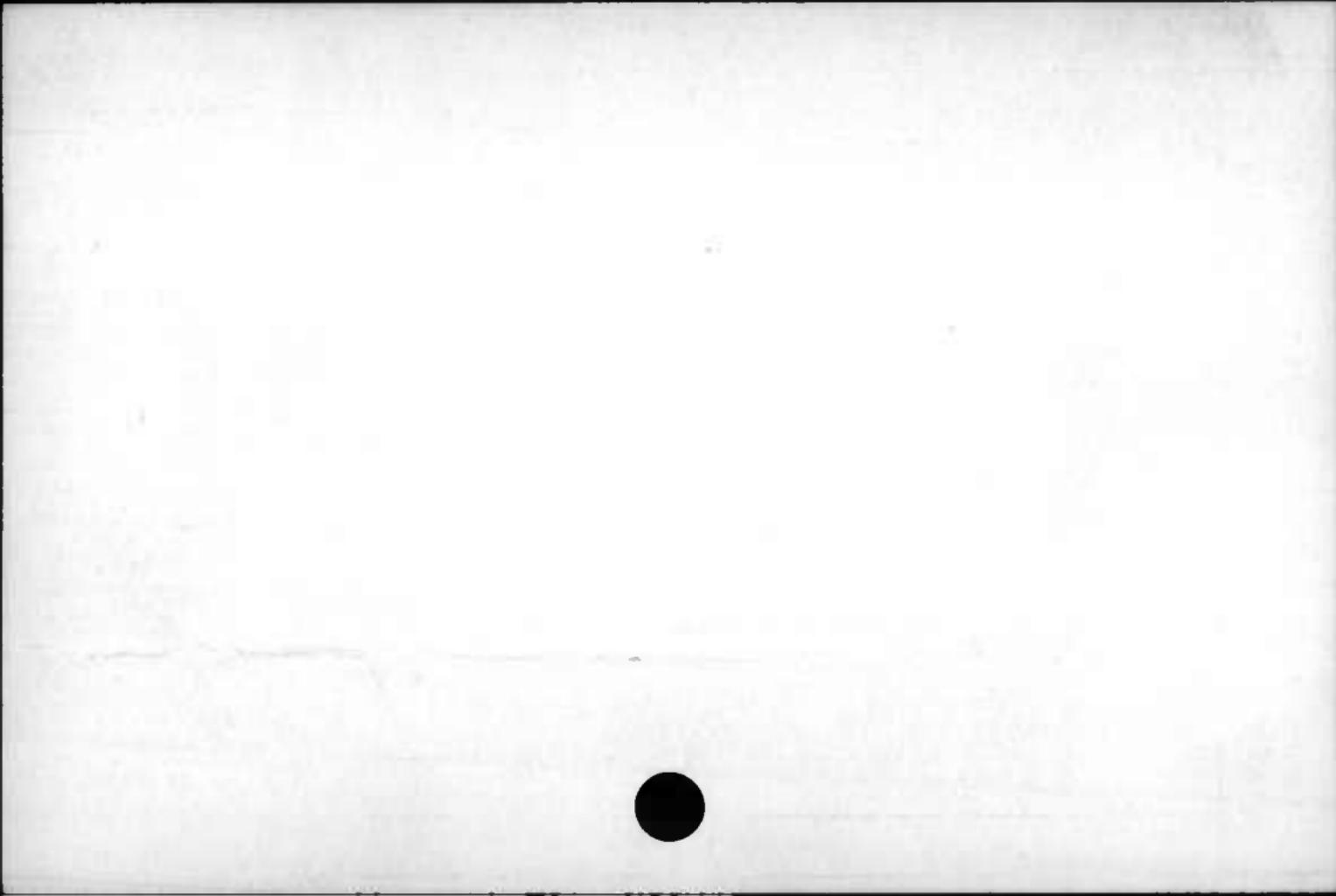
TO BE ANSWERED BY
NEAREST FRIEND

Died near	Town	Oxford	County	MARYLAND		
Date of death 1903.	Month	11	Day	25	Years	53
Age	Sex	Female	Color or Race	Black	Months	Days
					3	19
Married, or Widowed	Occupation	married.	Servant.			
Name of Wife or Husband		James Mitchell				
Father's Name		Nathan Briscoe	X	Father's Birthplace	Talbot Co.	
Mother's Maiden Name		Elizabeth Slaughter	X	Mother's Birthplace	Talbot Co.	
Name of person giving information		Charles E. Stelt		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of the Uterus & Bowel		How long	3 months.
Immediate	Acute Diarrhoea		How long	3 days -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A Ross M.D.	
		Address	Trappe Talbot Co., Md	
Accident or Suicide?				



Name
in
Full

Charlotte Money

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Miles Run Neck		Town	County Talbot		MARYLAND	
Date of death	1903	Month Nov	Day 18	Years 61	Months -	Days -
Sex Female	Color or Race Negro			Birth-place Talbot Co Ind		
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed	Maid	Name of Husband	W. Money			
Father's Name	Moses Money			Father's Birthplace	Ind	
Mother's Maiden Name	Rebecca Dicks			Mother's Birthplace	Ind	
Name of person giving information	W. Money			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease Heart	How long	Several years
Immediate	Dropsy	How long	One month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Julius A Johnson
		Address	Caston
Accident or Suicide?		Ind	

$\pi^{\mu\nu}$

Name
in
Full

John Rooney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Miles Run Neck	Falcons	
Date of death	Month	Day	Years
1903	Mr	20	Age 9
Sex	Male	Color or Race	Native
Occupation	None	Where Residing if not at place of death	—
Married, Single or Widowed	Singe	Name of Wife or Husband	—
Father's Name	Rebecca Rooney 21		
Mother's Maiden Name	Johns Co. Ind		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Turbareous falling disease* .

How long 1 year

Immediate *Exhaustion*

How long 1 week

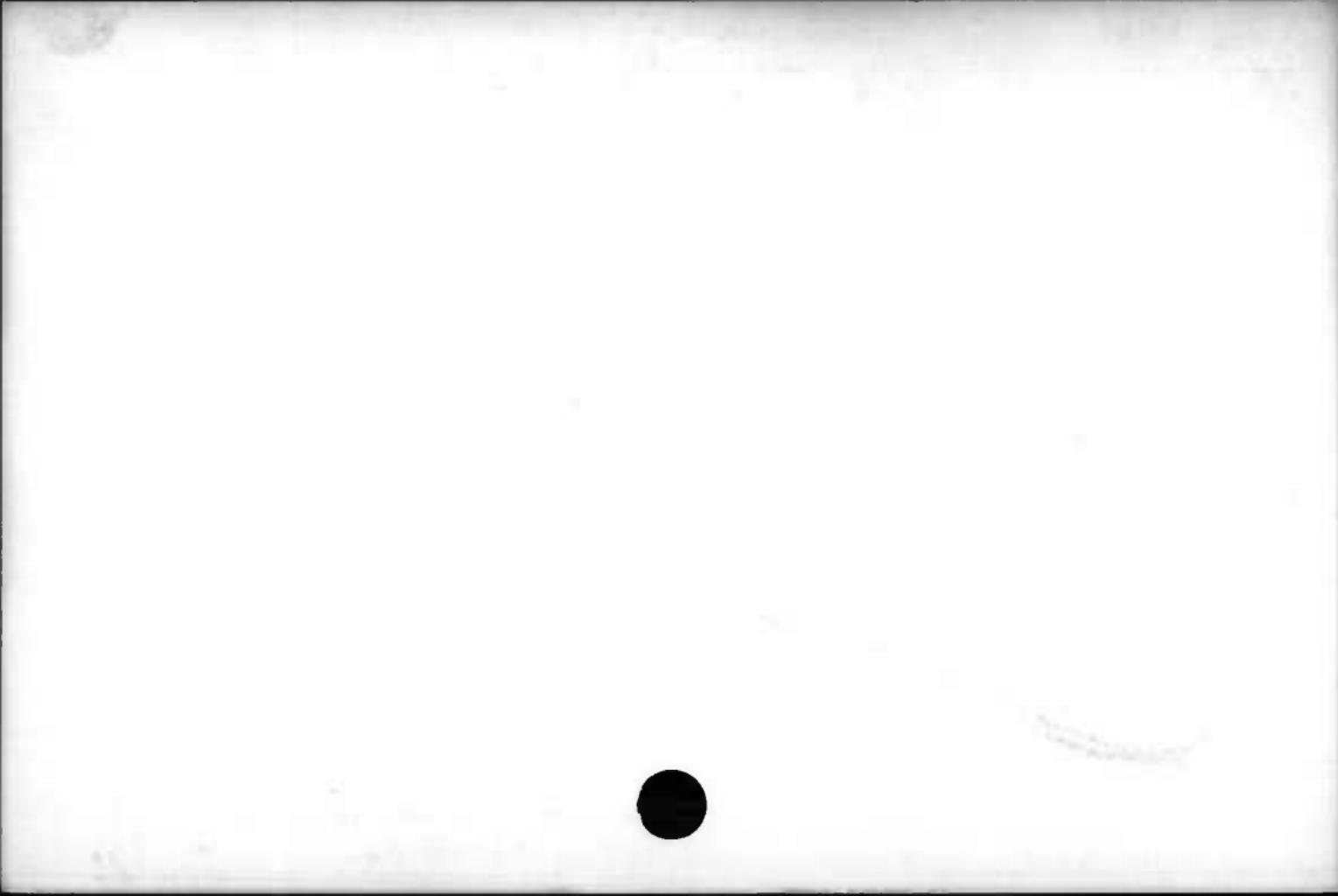
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician.

Address

Julius A. Johnson
Oakhurst
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

James H Moore

CERTIFICATE OF DEATH

Died at Hopkins Neck		County Talbot		MARYLAND	
Date of death 1903	Month Nov	Day 24	Years Age 61	Months 3	Days 9
Sex Male	Color or Race Negro	Birth-place Talbot Co			
Married, Single or Widowed	Occupation Oysterman				
Name of Wife or Husband	Ellen Moore				
Father's Name	John Ross				
Mother's Maiden Name	Ellen Ross				
Name of person giving Information	James Moore Jr.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of stomach

How long

1 year

Immediate

asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

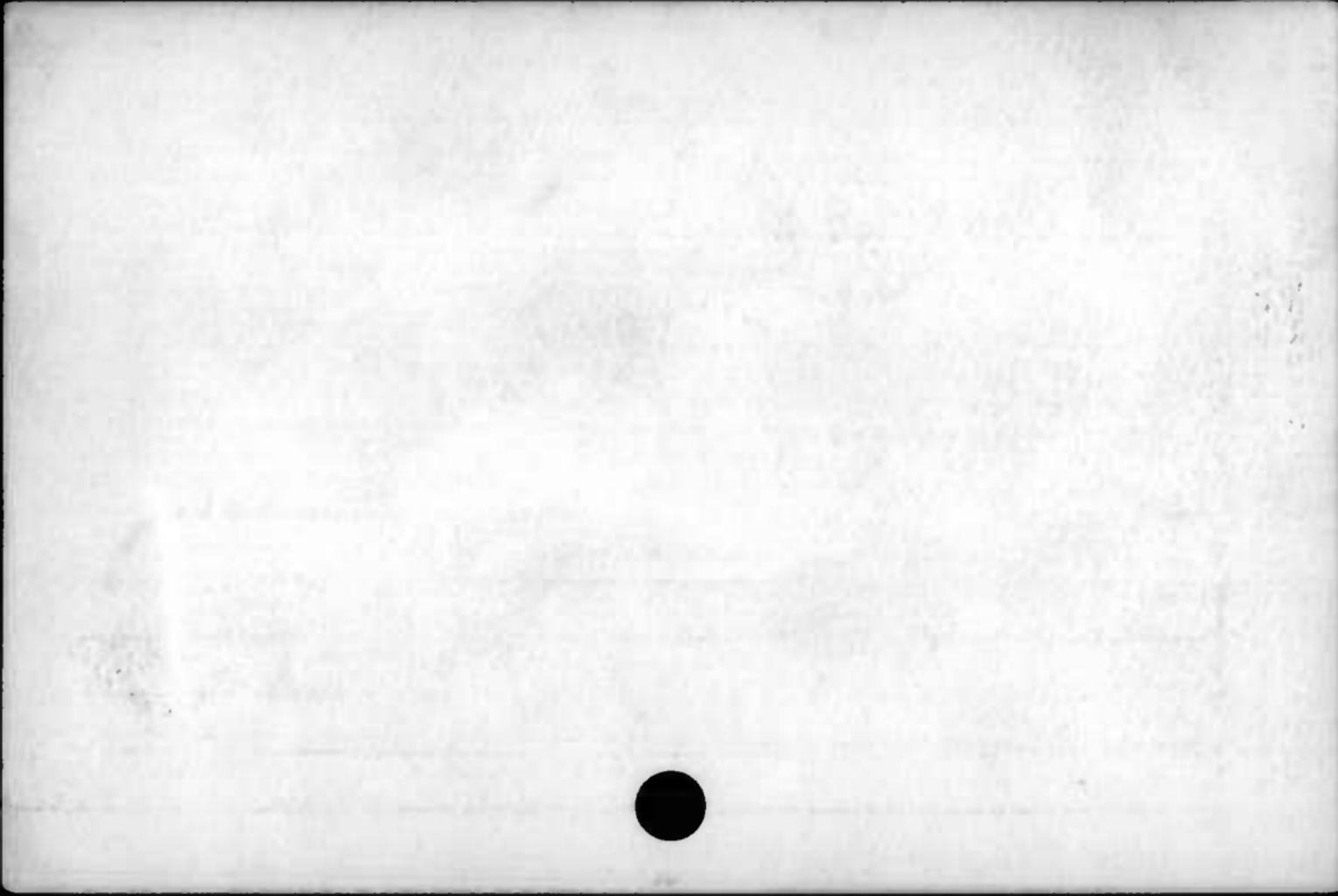
Signature of Physician

Address

S. S. T. Hospital,
Royal Oak
Talbot Co. Md.

Accident or Suicide?

—



Name
in
Full

Mary Elizabeth Neumann

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Grappe</i>	County <i>Talbot</i>	MARYLAND		
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>29</i>	Years <i>60 1/4</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Talbot Co</i>			
Occupation	Where Residing if not at place of death <i>Grappe</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alexander Bowdle Neumann</i>	Father's Name <i>Ethene P. Wright</i>	Father's Birthplace <i>Caroline Co</i>		
Mother's Maiden Name <i>Delilah P. Maloney</i>	79	Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>John Neumann</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary (First attendance) Conscious & pulse at wrist for 10 minutes face livid & cold perspiration, great pain in effort at inspiration. Nyctodemias not aborted
Immediate Heart

How long

How long

15 minutes

Are the name, age, sex, color, date and place correctly given above?

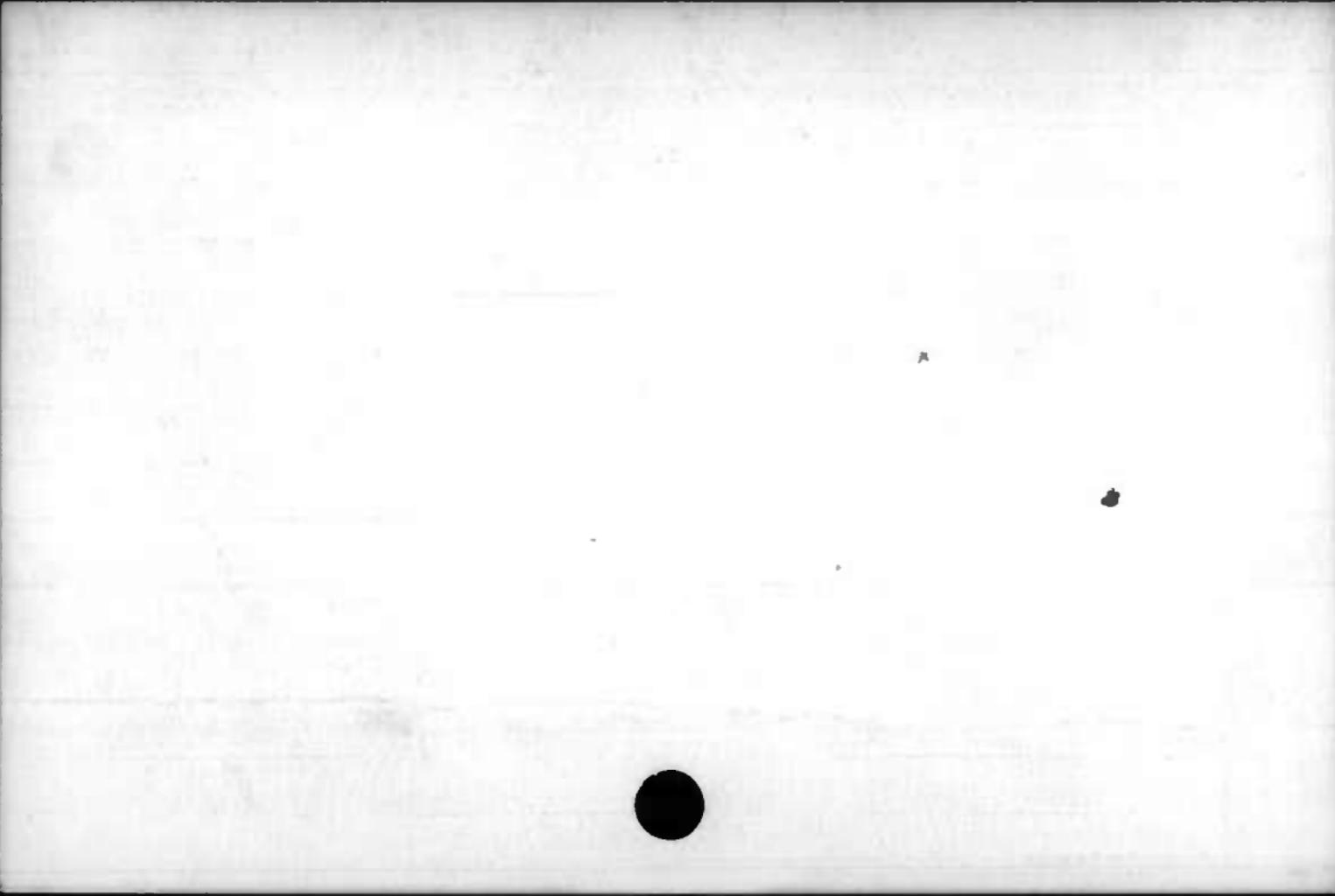
Yes

Signature of Physician

Address

Jas. L. McCormick
Grappe, Md.

Accident or Suicide?



Name
in
Full

Maria Grubb Olevine

CERTIFICATE OF DEATH

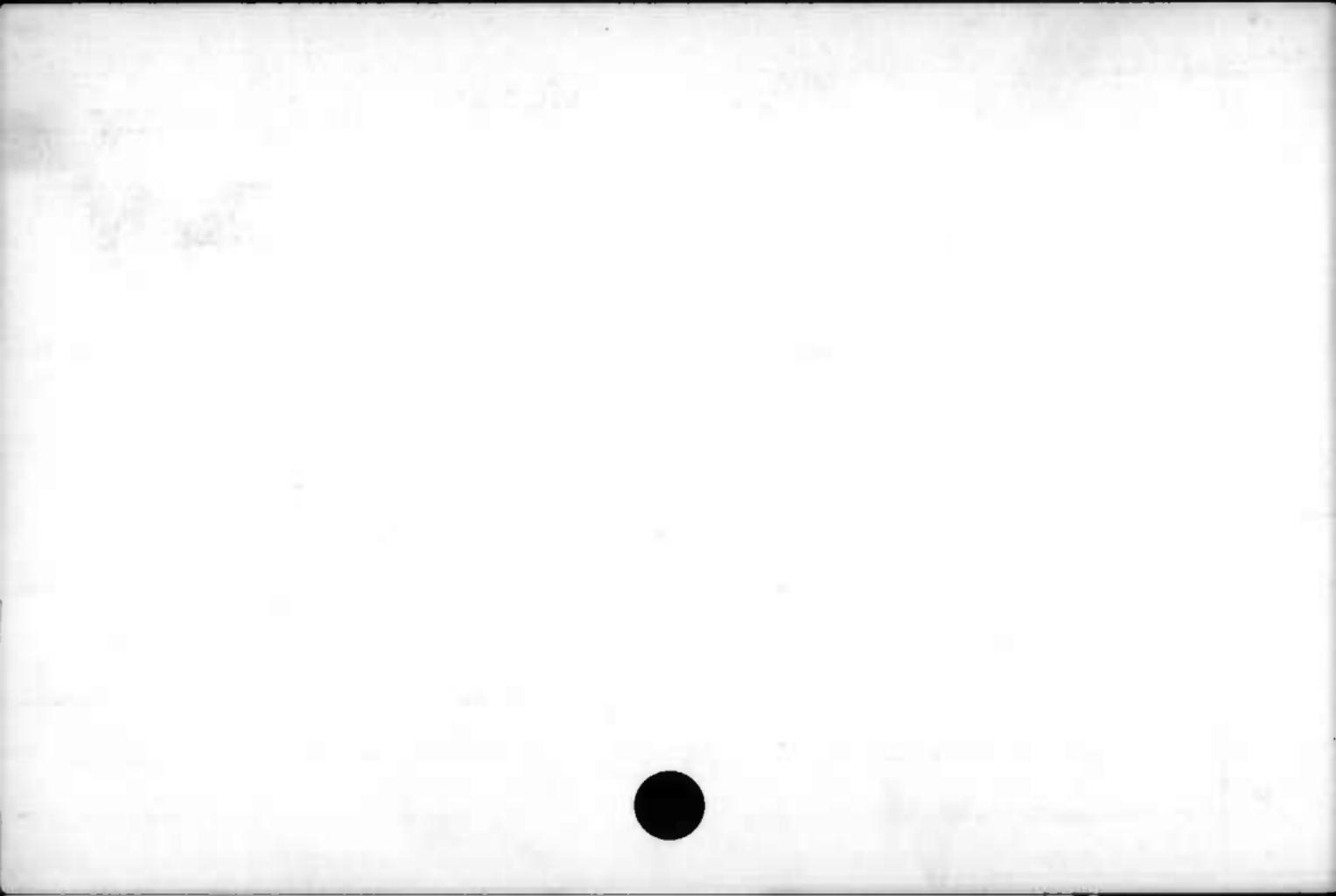
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Castine</i>	County <i>Talbot</i>	MARYLAND		
Date of death	Month <i>Nov</i>	Day <i>24th</i>	Age <i>70</i>	Years	Months <i>2</i> Days <i>18</i>
Sex	Female	Color or Race <i>White</i>	Birth- place		
Occupation	Lady	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name	<i>W/o</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long
Immediate	<i>Accident - (fell down stairs)</i>	How long <i>2 min</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Julius A. Johnson</i> Address <i>Castine Me</i>
Accident or Suicide		



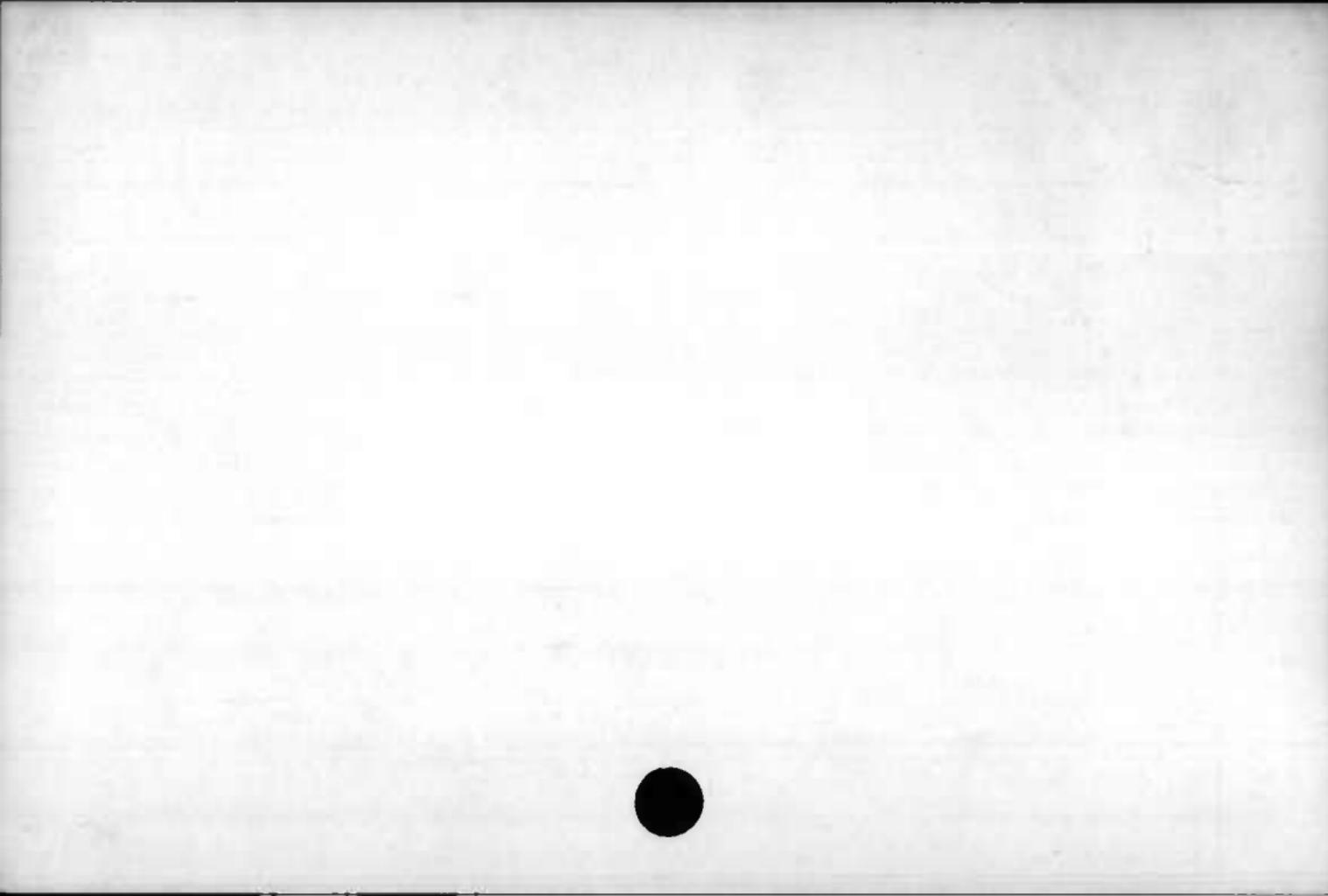
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Louis. Ozmau.

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Dec 3 -	Month 11	Day 19	Age 65	Years 65	Months 8	Days 7
Sex Male	Color or Race White	Birth-place Talbot Co, Md.				
Married, Single or Widowed married	Occupation Carpenter					
Name of Wife - Husband Margaret. Tarbutton						
Father's Name William Ozmau	79		Father's Birthplace Talbot Co, Md.			
Mother's Maiden Name Ellen	79		Mother's Birthplace Dorchester Co, Md			
Name of person giving information Edward. Tarbutton	How related to deceased Brother-in-Law					
CAUSES OF DEATH						
Primary	~~~~~			How long		
Immediate	Acute Dilatation of Heart			5-minuted.		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Joseph A Ross M.D.		
			Address	Grappe, Talbot Co, Md.		
Accident or Suicide?						

Accident or Suicide?



Verna Perk's

Town

County

Died at

Matthewstown Talbot

MARYLAND

Date 1903

Month

Day

Y. M. D.

Native

Occupation

Male

White

Age
Married

1, 2,

Md

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Geo. Perk's Harriette Eves

Mother's
Name

Cause of

Primary

How long sick

Membranous Croup two weeks

Death

Immediate

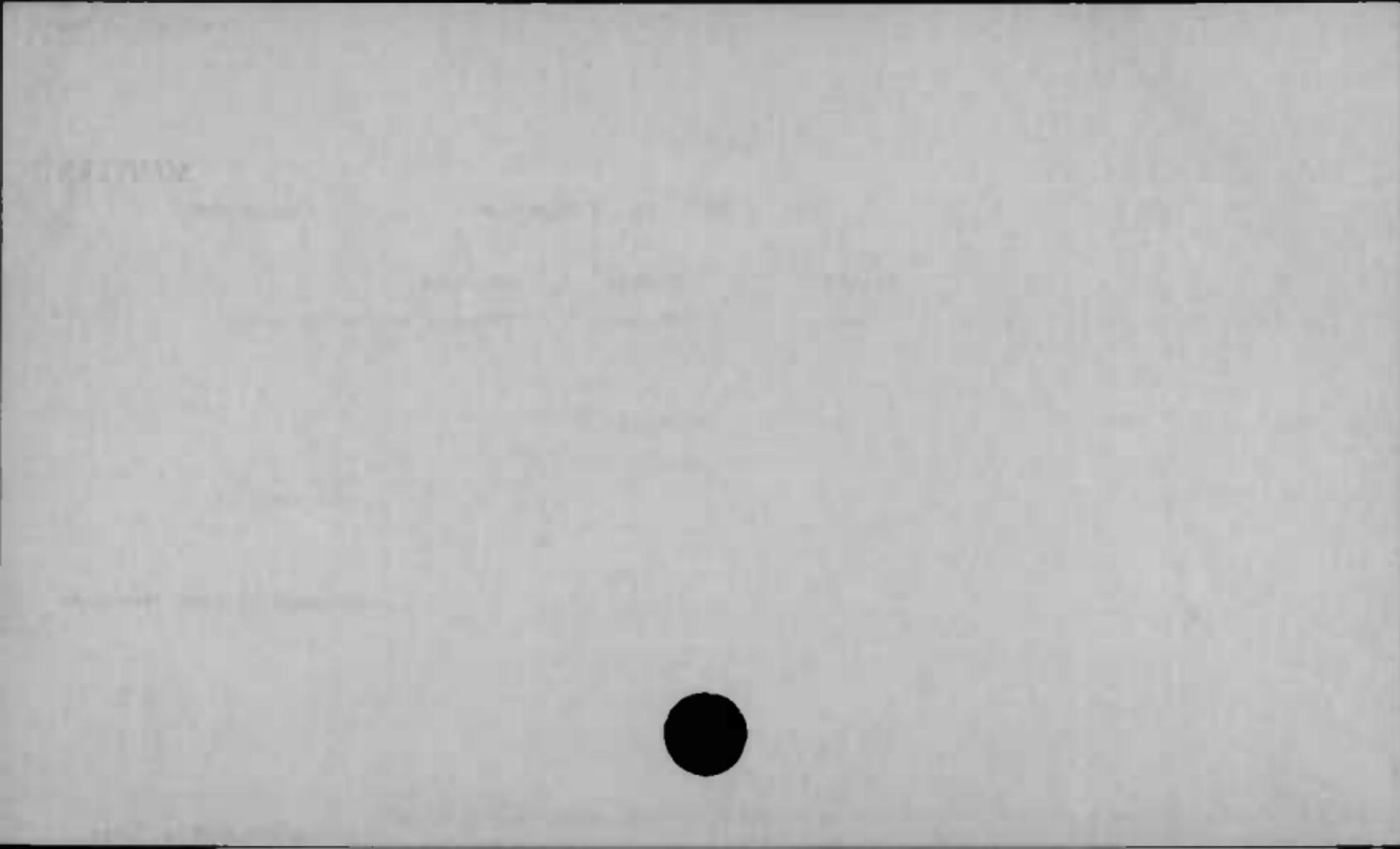
Accident, Suicide, Homicide

Reported by

R. Hackett, M.D.
Queen Anne Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William E. Shalls

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	white		Birthplace Talbot Co		
Occupation	Merchant			Where Residing if not at place of death	New Castle	
Married, Single or Widowed	Widow	Name of Wife or Husband	Emily Shalls			Father's Birthplace did not know
Father's Name	Mazin Shalls			Mother's Birthplace	did not know	
Mother's Maiden Name	did not know			How related to deceased	Son	
Name of person giving information	Oscar Shalls					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphthous

How long

Immediate

Pyrex

How long

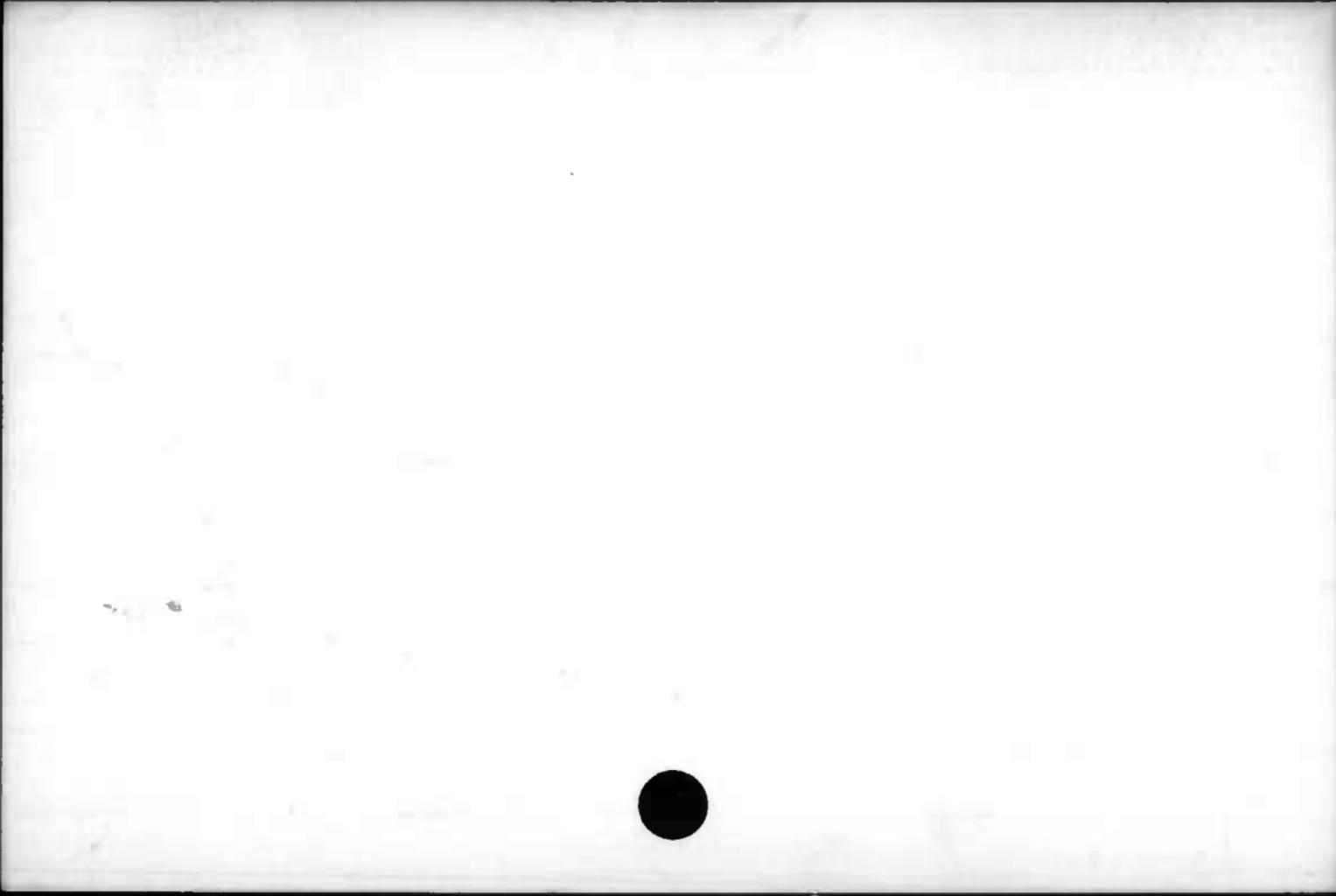
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. J. B. Suh,
Dr. Michael
Suh

Accident or Suicide?



Name
in
Full

Aquessa Sherwood

CERTIFICATE OF DEATH

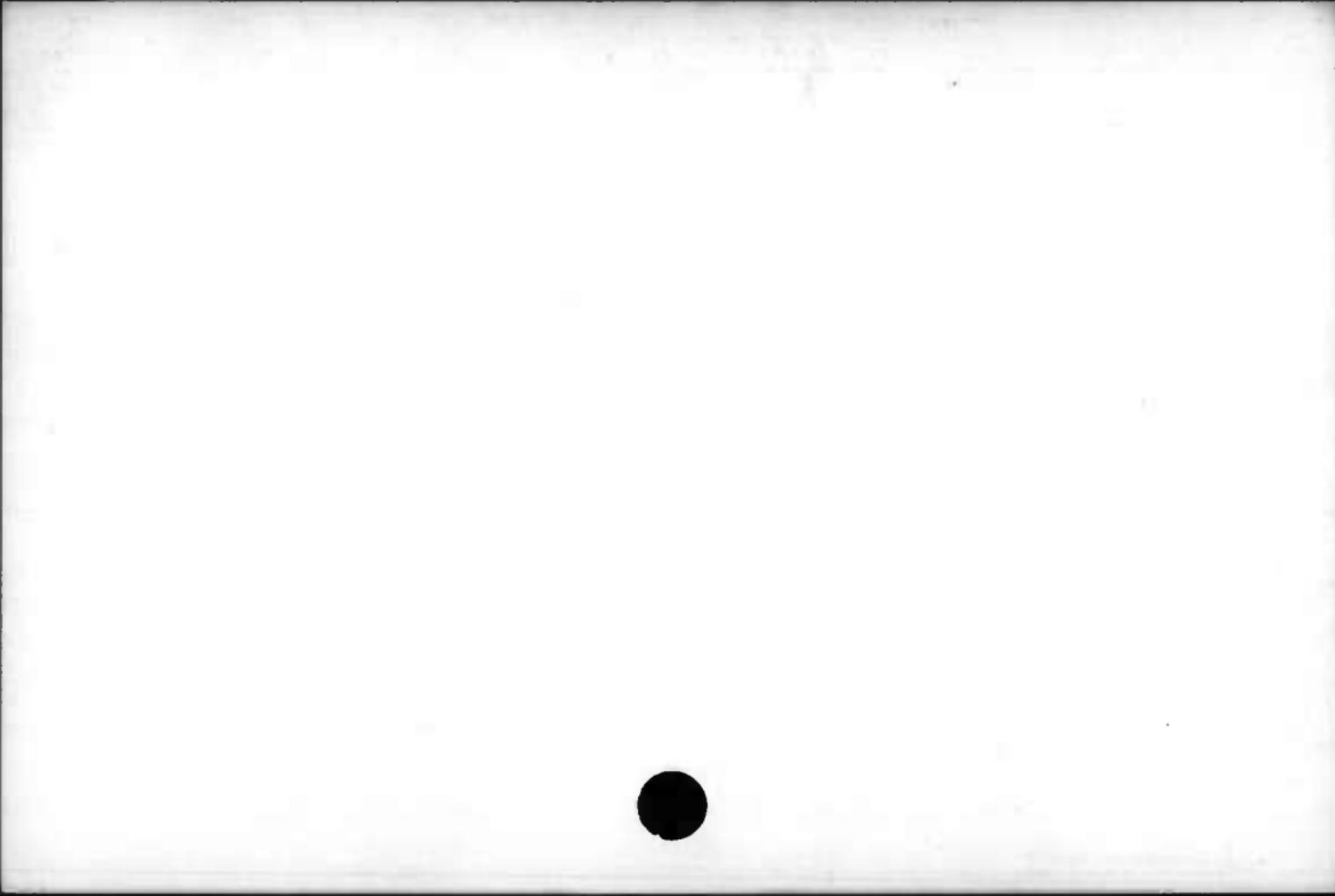
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Miles River Neck</u>		Town	County <u>Talbot-</u>	MARYLAND	
Date of death <u>190</u>	Month <u>Nov.</u>	Day <u>2nd</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>	Age			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name <u>Charlotte Sherwood</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever + Bronchitis</u>	How long <u>6 weeks</u>
Immediate	<u>Chancroid</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Julius A. Johnson</u> Address <u>Dash - Ind</u>
Accident or Suicide?		



Name
in
Full

William A Smith

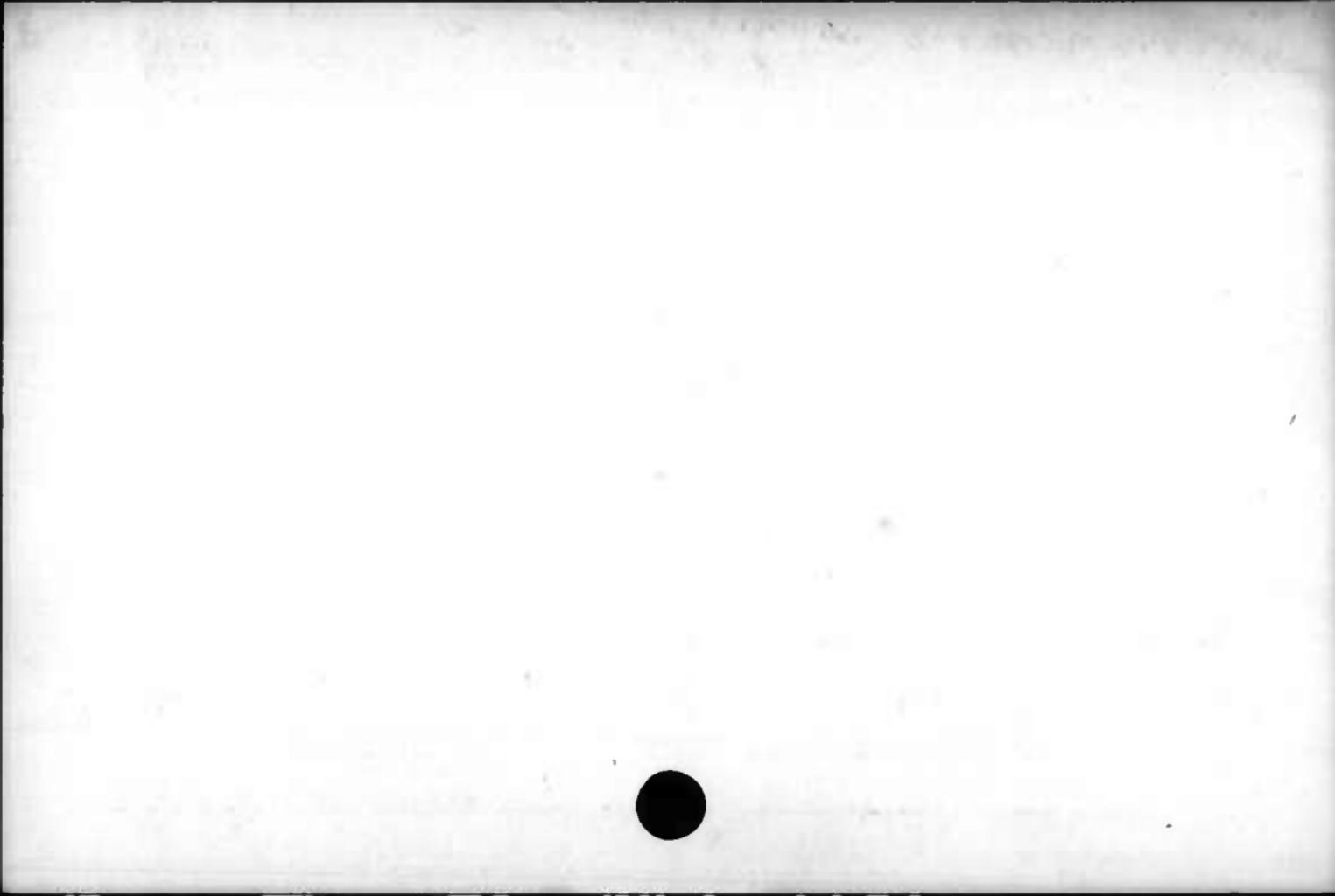
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Royal Oak	Talbot				
Date of death 1903	Month Nov	Day 10	Years 34	Months 3	Days 6
Sex Male	Color or Race Negro	Occupation Teamster	Birth-place Royal Oak		
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name	William A Smith	Father's Birthplace Royal Oak			
Mother's Maiden Name	Julian webb	Mother's Birthplace Royal Oak			
Name of person giving Information	William A Smith	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate consumption	How long 4 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address
Yes		Walter L W Wilson Royal Oak Md.
Accident or Suicide?		



Name
in
Full

William S. Sperry

CERTIFICATE OF DEATH

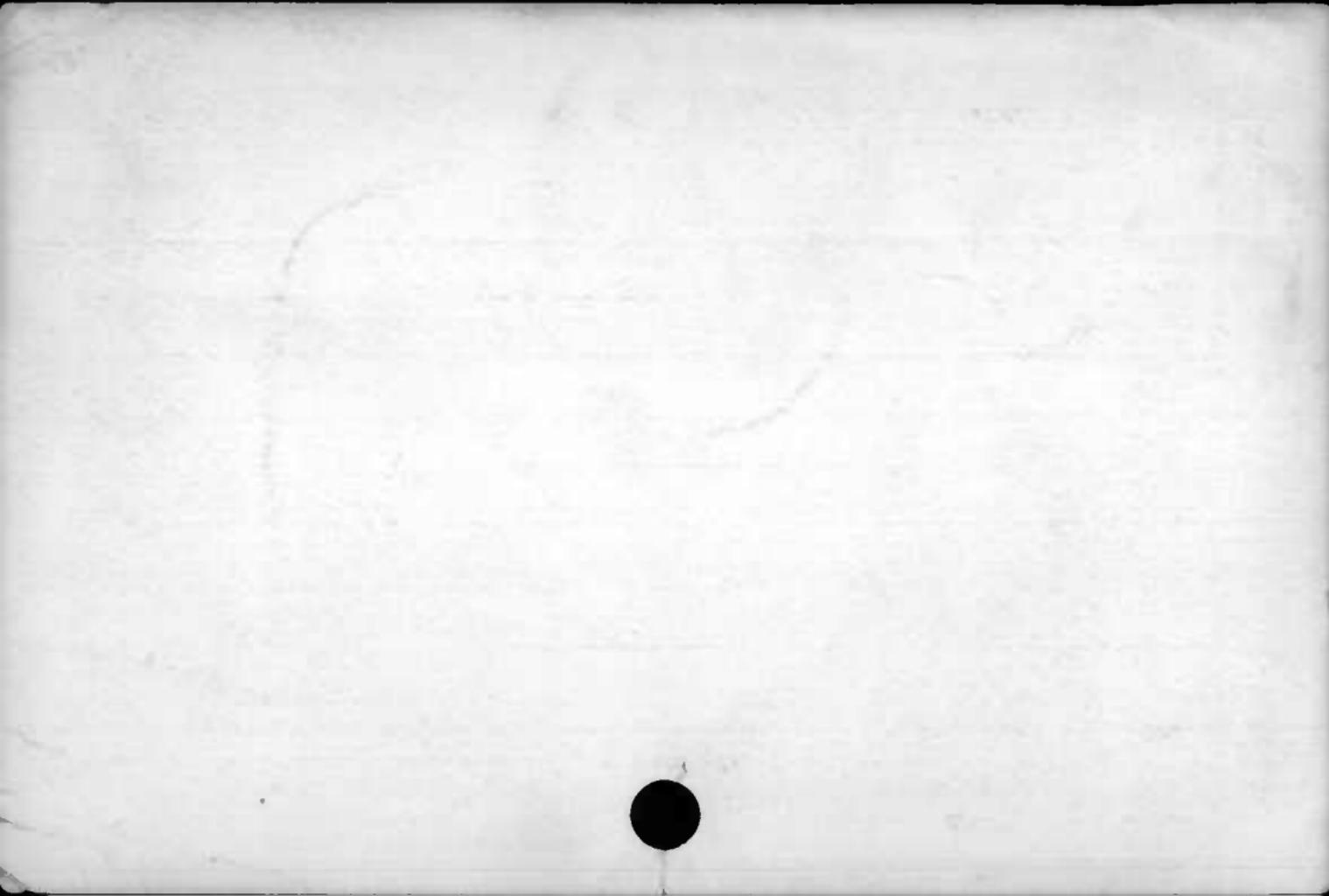
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month 11	Day 4	Age 72	Years	Months 2	Days 1	
Sex male	Color or Race white	Birth-place Talbot County Md					
Married, Separated or Widowed	Widower		Occupation	oysterman			
Name of Wife or Husband	Elizabeth Sperry		Father's Name	do not know			
Father's Name	Joshua Sperry		Mother's Birthplace	do not know			
Mother's Maiden Name	Can not ascertain		How related to deceased	Son			
Name of person giving information	Joseph Sperry		How long	2 yrs ago			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart disease	How long	2 yrs ago
Immediate	Found dead in bed - Heart failed a few minutes likely	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Robt. A. Dodson A. B. Gleason
		Address	St. Michaels Md
Accident or Suicide?			



Name in Full

Ce tificate of Death

Elizabeth A. Tarbutton

Town

near Trappu,

County

Talbot

MARYLAND

Died at

Date 1903

Month Nov.

Day 26

Y. M. D.

Native of

Occupation

Md.

Nurse

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

James Tarbutton

Mother's

Maiden Name

Rebecca B. Phillips

Cause of

Primary

Aphoplexy with Paralysis

How long sick

Death

Immediate

Coma.

10 days.

Accident, Suicide, Homicide

Reported by

Dr. S. Chapman M.D.

Trappu. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ch. A. Verhelle

b

b.

Rebeca O. Phillips

M. 26.

10 days.

Name
in
Full

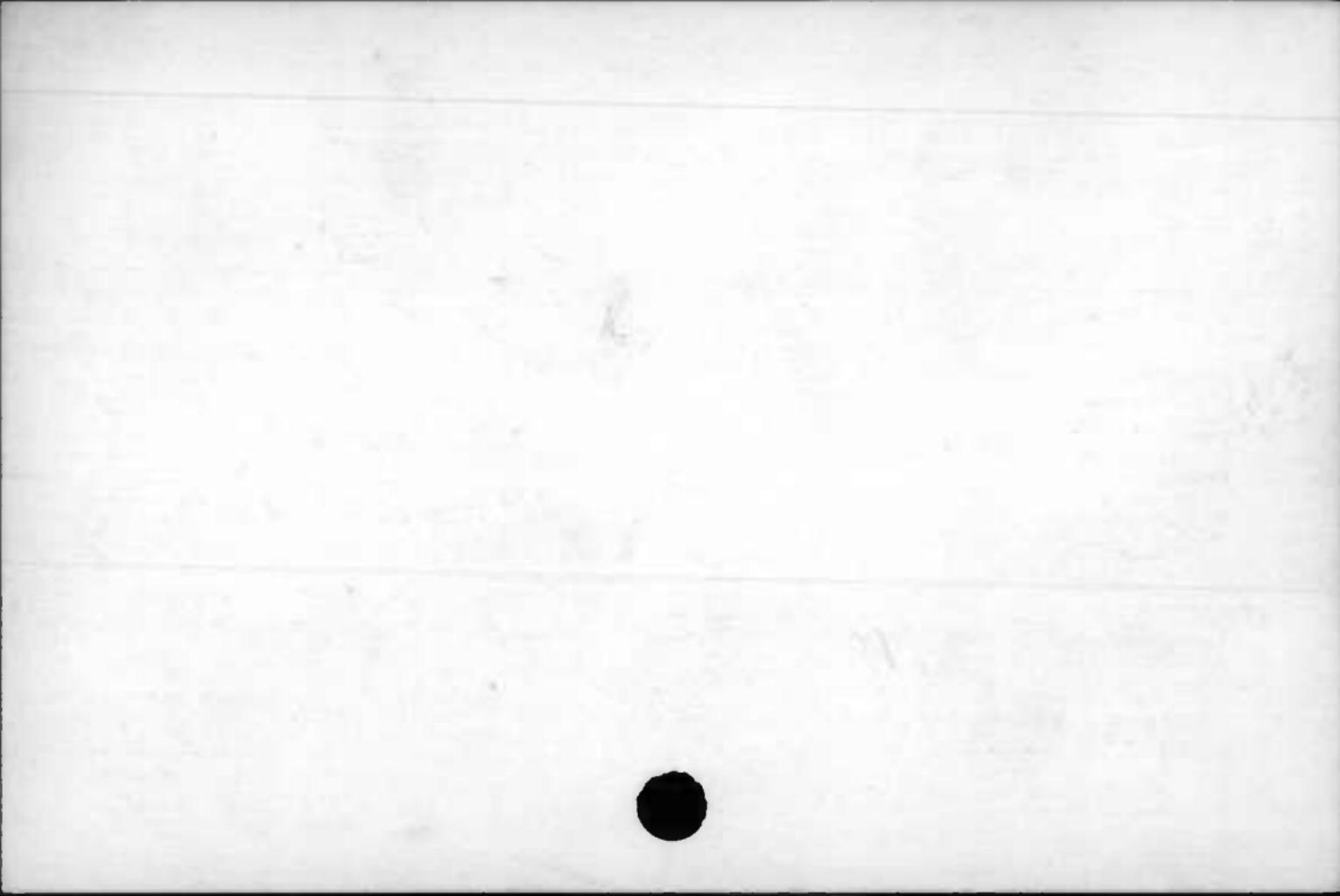
TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1903	Month March	Day 25	Age 9	Years	Months
Sex	Male	Color or Race	Colored	Birth-place	Royale Acre	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Henry R Thomas		Father's Birthplace Talbot			
Mother's Maiden Name	Sarah E Oliver		Mother's Birthplace Talbot			
Name of person giving Information	Henry R Thomas		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gun Shot	How long 	Immediate
	Immediate		How long	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Address
Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/>			Sam'l B. Tripp	



Name
in
Full

Hos Rumbold Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Died at	St Michaels	Talbot					
Date of death 1903	Month 11	Day 25	Age 65	Years	Months	Days	
Sex male	Color or Race white				Birth-place Caroline Co. Md		
Married, Single or Widowed Single	Occupation				none		
Name of Wife or Husband							
Father's Name	Hos. Todd			Father's Birthplace	Caroline County Md		
Mother's Maiden Name	Can not ascertain			Mother's Birthplace	Do not know		
Name of person giving information	Miss Daisy Price			How related to deceased	nieces		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phtisis Pulmonalis	How long	2 yrs
Immediate	Asthma	How long	3 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. B. Glascock
		Address	St. Michaels Md
Accident or Suicide?			



Name
in
Full

Margret Orney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month Nov	Day 17	Years 24	Months -	Days -	
Sex Female	Color or Race Black	Occupation House Wife	Birth-place Miles River Neck			
Married, Single or Widowed						
Name of Wife or Husband	James H. Orney					
Father's Name	Lippus Sherwood					
Mother's Maiden Name	Charlotte Sherwood					
Name of person giving Information	Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption How long 8 mo

Immediate How long

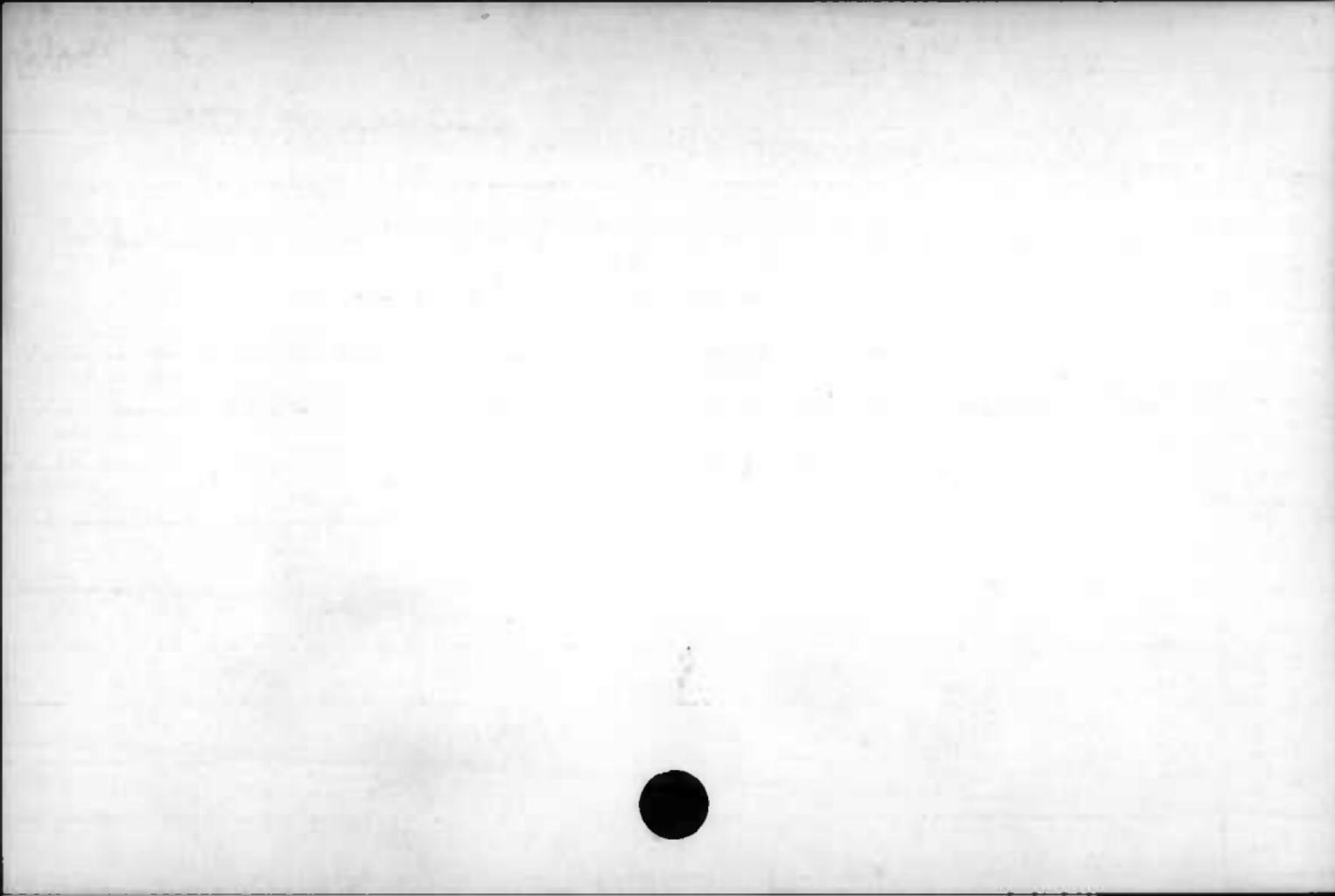
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas T. Sanderson
Modo
Easton

Accident or Suicide?





Name
in
Full

Alice Nellie Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Nov	Day 27	Years 35	Months 3	Days 26	
Sex Female	Color or Race Black	Birth-place Oxford				
Married, Single or Widowed Single	Occupation None					
Name of Wife or Husband						
Father's Name Spencer Young	90	Father's Birthplace Talbot-Is. Md.				
Mother's Maiden Name Florence T. Jenkins		Mother's Birthplace Talbot-Is.				
Name of person giving information Spencer Young		How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Boonchitis	How long	Seven days
Immediate	Extravasation	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.A. Stevens
		Address	Oxford Md.
Accident or Suicide?			

